

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

April 17, 2015

Public Health Preparedness and Situational Awareness Report: #2015:14 Reporting for the week ending 04/11/15 (MMWR Week #14)

CURRENT HOMELAND SECURITY THREAT LEVELS

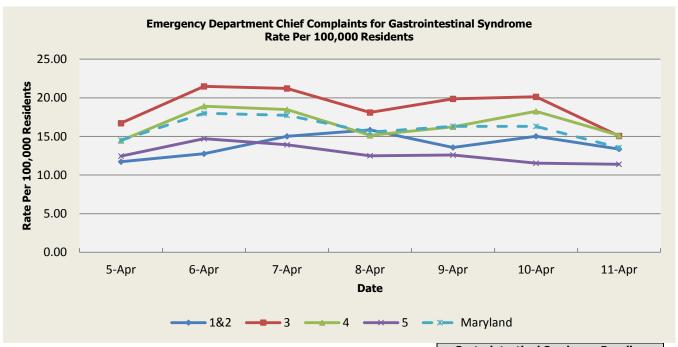
National: No Active Alerts

Maryland: Level Four (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

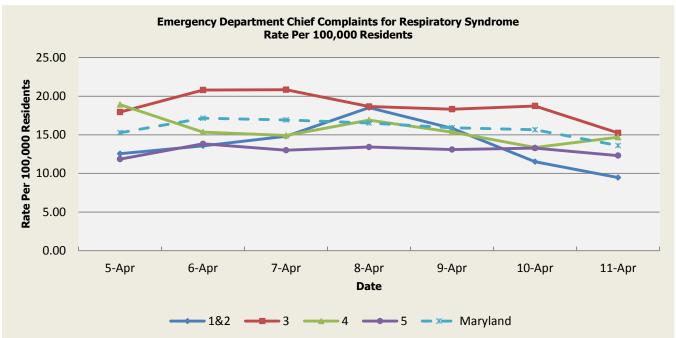
Graphical representation is provided for all syndromes (excluding the "Other" category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census.



There were 4 gastrointestinal illness outbreaks reported this week: 2 outbreaks of gastroenteritis in nursing homes (Regions 1&2,3), 1 outbreak of gastroenteritis associated with a daycare center (Region 3), 1 outbreak of gastroenteritis associated with a private home (Region 3).

	Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2 3 4 5 Maryla						
Mean Rate*	13.17	14.27	15.32	10.39	12.80		
Median Rate*	13.17 14.20 14.69 10.30 12.7						

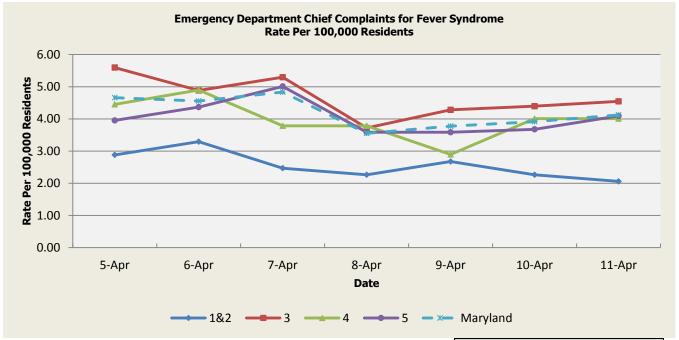
^{*} Per 100,000 Residents



There was 1 respiratory outbreak reported this week: 1 outbreak of pneumonia in an assisted living facility (Region 3).

	Respiratory Syndrome Baseline Data January 1, 2010 - Present							
Health Region	1&2	3	4	5	Maryland			
Mean Rate*	12.14	13.38	13.76	9.85	11.97			
Median Rate*	11.73	12.99	13.36	9.56	11.67			

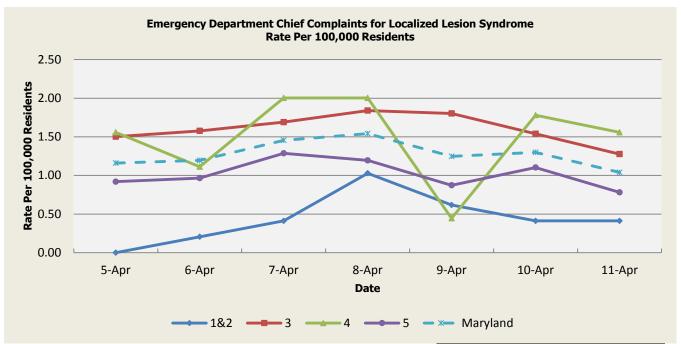
* Per 100,000 Residents



There were no fever outbreaks reported this week.

	Fever Syndrome Baseline Data January 1, 2010 - Present								
Health Region	1&2 3 4 5 Maryland								
Mean Rate*	3.24 3.64 3.89 3.15 3.44								
Median Rate*	3.09 3.49 3.78 3.03 3.31								

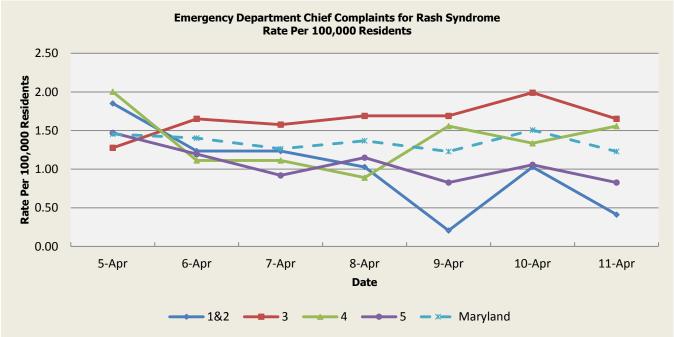
Per 100,000 Residents



There were no localized lesion outbreaks reported this week.

	Loc	Localized Lesion Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2	1&2 3 4 5 M						
Mean Rate*	1.17	1.97	2.06	1.04	1.56			
Median Rate*	1.03	1.92	2.00	1.01	1.51			

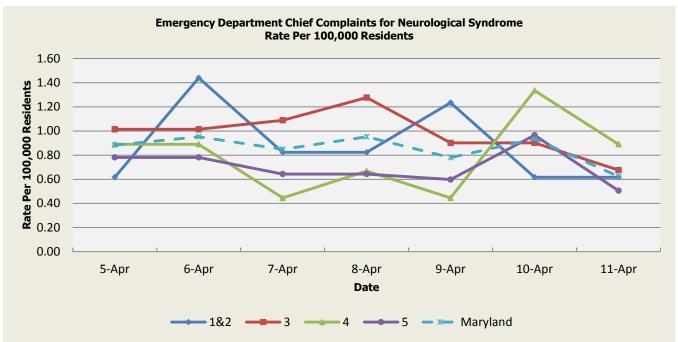
^{*} Per 100,000 Residents



There were no rash illness outbreaks reported this week.

	Rash Syndrome Baseline Data January 1, 2010 - Present								
Health Region	1&2 3 4 5 Maryland								
Mean Rate*	1.40	1.47							
Median Rate*	1.23 1.69 1.78 1.06 1.42								

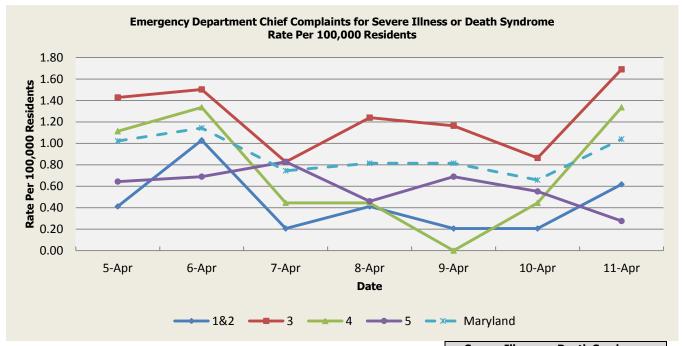
^{*} Per 100,000 Residents



There were no neurological outbreaks reported this week.

	Neurological Syndrome Baseline Data January 1, 2010 - Present							
Health Region	1&2 3 4 5 Maryland							
Mean Rate*	0.61	0.62	0.59	0.43	0.55			
Median Rate*	0.62 0.60 0.45 0.41 0.54							

^{*} Per 100,000 Residents

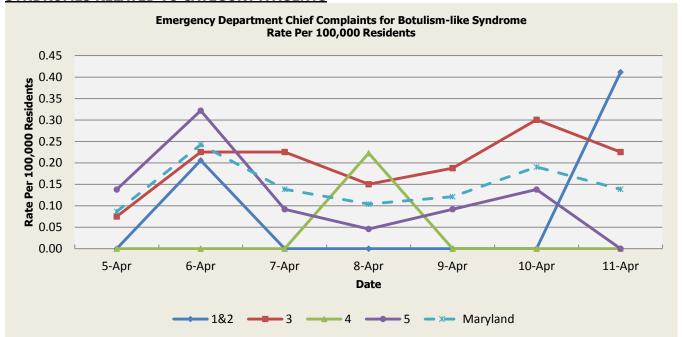


There were no severe illness or death outbreaks reported this week.

	Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present								
Health Region	1&2 3 4 5 Maryland								
Mean Rate*	0.80 0.95 0.89 0.42 0.73								
Median Rate*	0.82 0.94 0.89 0.41 0.73								

^{*} Per 100,000 Residents

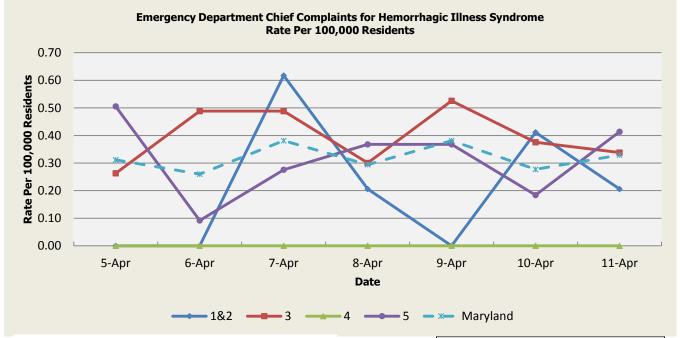
SYNDROMES RELATED TO CATEGORY A AGENTS



There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 4/6 (Regions 1&2,3,5), 4/7 (Region 3), 4/8 (Region 4), 4/10 (Region 3), and 4/11 (Regions 1&2,3). These increases are not known to be associated with any outbreaks.

	Botulism-like Syndrome Baseline Data January 1, 2010 - Present							
Health Region	1&2	3	4	5	Maryland			
Mean Rate*	0.06	0.04	0.04	0.03	0.04			
Median Rate*	0.00	0.04	0.00	0.00	0.03			

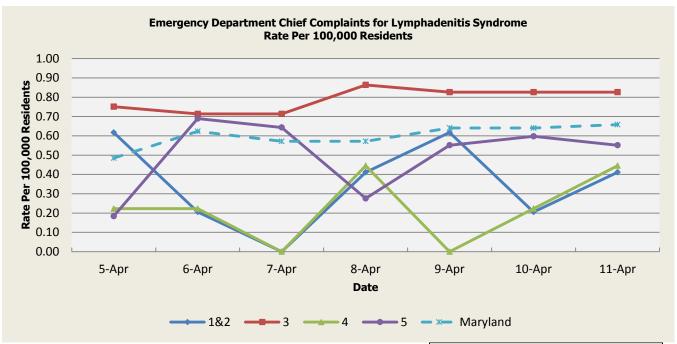
^{*} Per 100,000 Residents



There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 4/5 (Regions 3,5), 4/6 (Region 3), 4/7 (Regions 1&2,3), 4/8 (Region 3,5), 4/9 (Regions 3,5), 4/10 (Regions 1&2,3,5), and 4/11 (Regions 3,5). These increases are not known to be associated with any outbreaks.

	Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present							
Health Region	1&2 3 4 5 Maryland							
Mean Rate*	0.03 0.05 0.03 0.04 0.04							
Median Rate*	0.00 0.04 0.00 0.00 0.03							

^{*} Per 100,000 Residents



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 4/5 (Regions 1&2,3), 4/6 (Regions 3,5), 4/7 (Regions 3,5), 4/8 (Region 3), 4/9 (Regions 1&2,3,5), 4/10 (Regions 3,5), and 4/11 (Regions 3,5). These increases are not known to be associated with any outbreaks.

	Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present							
Health Region	1&2	3	4	5	Maryland			
Mean Rate*	0.32	0.36	0.34	0.25	0.31			
Median Rate*	0.21	0.34	0.22	0.23	0.29			

* Per 100,000 Residents

MARYLAND REPORTABLE DISEASE SURVEILLANCE

	Counts of Reported Cases‡						
Condition		April Cumulative (Year to Date)*					
Vaccine-Preventable Diseases	2015	Mean*	Median*	2015	Mean*	Median*	
Aseptic meningitis	6	29.4	25	64	117.6	129	
Meningococcal disease	0	0.8	0	1	3.2	2	
Measles	0	0	0	0	0	0	
Mumps	0	9.6	0	1	18.8	0	
Rubella	0	0.2	0	0	0.4	0	
Pertussis	0	11.4	10	23	50	43	
Foodborne Diseases	2015	Mean*	Median*	2015	Mean*	Median*	
Salmonellosis	8	57.8	71	117	197.8	203	
Shigellosis	3	12.8	12	63	47.4	35	
Campylobacteriosis	6	42.2	41	109	137.4	134	
Shiga toxin-producing Escherichia coli (STEC)	0	3.8	4	6	14.2	16	
Listeriosis	0	1.2	1	3	2.4	2	
Arboviral Diseases	2015	Mean*	Median*	2015	Mean*	Median*	
West Nile Fever	0	0	0	0	0	0	
Lyme Disease	1	65.2	48	67	199.4	195	
Emerging Infectious Diseases	2015	Mean*	Median*	2015	Mean*	Median*	
Chikungunya	0	0	0	9	0	0	
Dengue Fever	0	0.2	0	0	2	2	
Other	2015	Mean*	Median*	2015	Mean*	Median*	
Legionellosis	1	3.6	4	15	20.2	18	

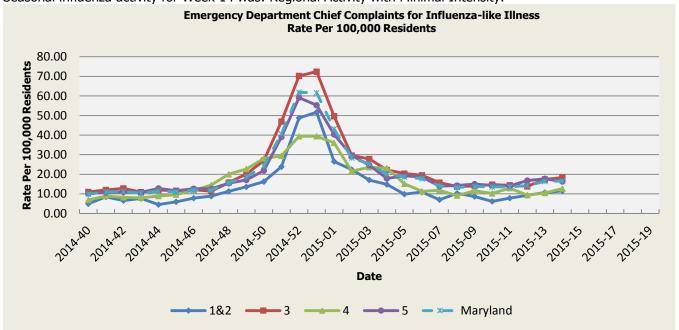
[‡] Counts are subject to change

^{*}Timeframe of 2009-2014

^{**}Includes January through April

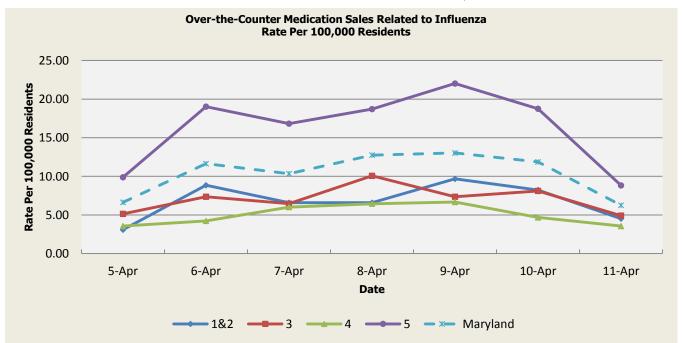
SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 22 (October through May). Seasonal influenza activity for Week 14 was: Regional Activity with Minimal Intensity.



	Ir	Influenza-like Illness Baseline Data Week 1 2010 - Present							
Health Region	1&2	3	5	Maryland					
Mean Rate*	9.86	10.58	11.04	9.90	10.30				
Median Rate*	8.02	8.26	8.90	7.40	8.00				

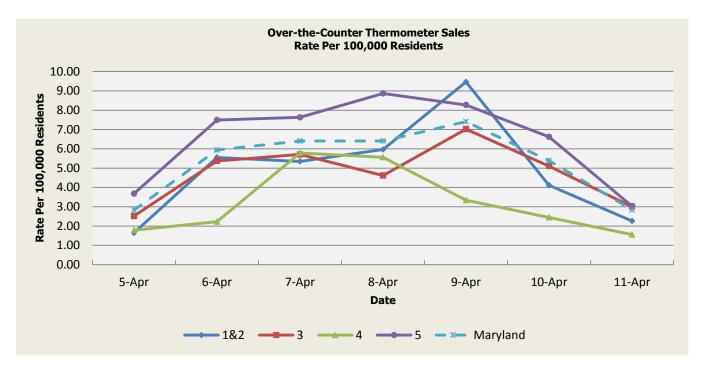
* Per 100,000 Residents



There was not an appreciable increase above baseline in the rate of OTC flu medication sales this week.

	OTC Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	5.67	6.43	3.12	14.96	9.32
Median Rate*	4.32	5.33	2.67	12.18	7.62

^{*} Per 100,000 Residents



There was an appreciable increase above baseline in the rate of OTC thermometer sales on 4/9 (Regions 1&2).

	Thermometer Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	5.84	4.93	3.43	8.42	6.20
Median Rate*	5.14	4.54	3.12	7.77	5.74

^{*} Per 100,000 Residents

PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. As yet, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a deescalation of activities towards those in the interpandemic phase may occur. As of <u>March 31, 2015</u>, the WHO-confirmed global total (2003-2015) of human cases of H5N1 avian influenza virus infection stands at 826, of which 440 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

Avian Influenza in Humans:

H5N1 (EGYPT): 10 Apr 2015 Avian influenza H5N1, ECDC update Read more: http://www.promedmail.org/direct.php?id=3295430

H5N1 and H7N9 (GLOBAL): 14 Apr 2015 WHO update avian influenza H5N1 and H7N9. From 2003 through 31 Mar 2015, 826 laboratory-confirmed human cases of avian influenza A(H5N1) virus infection have been officially reported to WHO from 16 countries. Read more: http://www.promedmail.org/direct.php?id=3301012

H7N9 (CHINA): 15 Apr 2015 On 10 Apr 2015, the National Health and Family Planning Commission (NHFPC) of China notified WHO of 20 additional laboratory-confirmed cases of human infection with avian influenza A (H7N9) virus, including 4 deaths. Read more: http://www.promedmail.org/direct.php?id=3301012

There were no reports of human cases of avian influenza in the United States at the time that this report was compiled.

Avian Influenza in Poultry:

HPAI H5N2 (USA): 14 Apr 2015 The Department of Agriculture confirmed 9 new cases of the H5N2 highly pathogenic avian influenza (HPAI) today including the 1st instance of the disease in Iowa. Read more: http://www.promedmail.org/direct.php?id=3300808

NATIONAL DISEASE REPORTS

CANINE INFLUENZA (IL): 12 Apr 2015 The canine influenza outbreak afflicting more than 1000 dogs in Chicago and other parts of the Midwest is caused by a different strain of the virus than was earlier assumed, according to laboratory scientists at Cornell University and the University of Wisconsin. Read more: http://www.promedmail.org/direct.php?id=3293591

HANTAVIRUS (CO): 13 Apr 2015 The La Plata County man who died on 6 Apr [2015] of a hantavirus infection was identified on Mon 13 Apr 2015 as a 36-year-old resident of Hesperus, said La Plata County Coroner Jann Smith. Read more: http://www.promedmail.org/direct.php?id=3295294

INTERNATIONAL DISEASE REPORTS

UNDIAGNOSED OUTBREAK (SUDAN): 12 Apr 2015 In Darfur's East Jebel Marra, 2 more children have died of fever. Read more: http://www.promedmail.org/direct.php?id=3293516

EBOLA (MULTI-COUNTRY): 15 Apr 2015 WHO Ebola Response Roadmap Situation Report. Read more: http://apps.who.int/ebola/current-situation/ebola-situation-report-15-april-2015

E COLI (CANADA): 15 Apr 2015 The Public Health Agency of Canada is collaborating with federal and provincial public health partners to investigate an outbreak of Escherichia coli O157:H7, commonly called E. coli, with a possible link to leafy greens. Read more: http://www.promedmail.org/direct.php?id=3301567

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.dhmh.maryland.gov/ or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the DHMH website: http://phpa.dhmh.maryland.gov/influenza/fluwatch/SitePages/Home.aspx

Please participate in the Maryland Resident Influenza Tracking System (MRITS): http://flusurvey.dhmh.md.gov/

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

Elizabeth Humes, MPH
Biosurveillance Epidemiologist
Office of Preparedness and Response
Maryland Department of Health & Mental Hygiene
300 W. Preston Street, Suite 202
Baltimore, MD 21201

Office: 410-767-5668 Fax: 410-333-5000

Email: elizabeth.humes@maryland.gov

Anikah H. Salim, MPH, CPH Biosurveillance Epidemiologist Office of Preparedness and Response Maryland Department of Health & Mental Hygiene 300 W. Preston Street, Suite 202 Baltimore, MD 21201

Office: 410-767-2074 Fax: 410-333-5000

Email: Anikah.Salim@maryland.gov

Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)		Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE		
	Allegany County		
Dagions 1 & 2	Frederick County		
Regions 1 & 2	Garrett County		
	Washington County		
	Anne Arundel County		
	Baltimore City		
Region 3	Baltimore County		
Region 5	Carroll County		
	Harford County		
	Howard County		
	Caroline County		
	Cecil County		
	Dorchester County		
	Kent County		
Region 4	Queen Anne's County		
	Somerset County		
	Talbot County		
	Wicomico County		
	Worcester County		
	Calvert County		
	Charles County		
Region 5	Montgomery County		
	Prince George's County		
	St. Mary's County		

